2014 AOC PROPERTY INFORMATION FORM

(PLEASE FILL OUT FORM IN ITS ENTIRETY - TYPE OR PRINT CLEARLY)

Failure to notify of property changes DCA may result in a finding of non-compliance and affect scoring for future funding

| | all sources that apply: am Funding Sources: | LIHTC HOME | ТСАР | Bond N | ISP Exchang | ge/1602 | | | |
|------------------------------|---|-----------------------------------|-------------------------------|------------------------|-------------------|----------------------|----------------|--|--|
| | | New Construction | Г | Existing Bui | lding (Rehab) | | | | |
| | Buildings v | were placed in service in | n 2014 I | f No, List the Y | ear 1st Bldg Plac | ed in Svc: | | | |
| | There was a change in Ownership in 2014 (Must provide details on the AOC Explanations Page) | | | | | | | | |
| | GA ID Number: | | - | - | | | | | |
| rs | Prev.GA ID Number (if | Applicable): | | Previous Pro | perty Name: | | | | |
| PROPERTY INFORMATION DETAILS | Property Federal ID#: | | Legal Ov | vner Name (LP/ | LLC): | | | | |
| | Property Street Address: | | | | | | | | |
| T10 | City: | · | County: | | | Zip Code: | | | |
| MA | Property Phone #: | | | | | | | | |
| FOR | Property Email: | | | | | | | | |
| Z | On-Site Mngr Name: | | | | | | | | |
| RT | Principals' Name(s): | | | | | | | | |
| OPE | | | | | | | | | |
| PR | Total Number of Units: | Total Number of Accessible Units: | | | | | | | |
| | Total Low Income Units | | | | | | | | |
| | Total No. Buildings: | | Number of Audio Visual Units: | | | | | | |
| | Number Common Space | /Non-Revenue Units: | | | | | | | |
| | There was | a change in Manageme | nt Company/A | gent in 2014 (M | ust provide deta | ils on the AOC Expla | anations Page) | | |
| VCY | Current Managing Agen | | | | Prev. Man | aging Agent: | | | |
| MANAGING AGENCY DETAILS | Current Prop. Supervisor | | | | | Title: | | | |
| | Agent's | | | | | | | | |
| | Address: | | | City: | | State: | Zip Code: | | |
| ANA | Agent's Phone #: | | | | Agent's Fax = | | | | |
| M | Agent's Email Address: | | | | | | | | |

Email Address for Confirmation of Report Submission:

2014 HOME/NSP ANNUAL OWNER CERTIFICATION (AOC)

From January 1, 2014 to December 31, 2014

Mark each section below to indicate the property status as of 12/31/14.

| Failure to submit the AOC or supporting documentation detailing the status of the community for the year ending 2014 by March 15, 2015 will result in a notice of non-compliance. |
|--|
| Pursuant to the HOME Investment Partnerships Act at title II of the Cranston-Gonzales National Affordable Housing Act as amended, 42, U.S.C. 12701 et seq. and as required by the Department of Housing and Urban Development (HUD) and the Georgia Department of Community Affairs (DCA) the Owner/General Partner hereby certifies that: |
| The 40/50 rule was followed for this property in 2014? (Not applicable for properties funded after 2008) |
| The owner received an annual certification from each Low-Income tenant with income and asset documentation to support that certification. |
| When a Very Low (50%) unit in the property became vacant during the year, reasonable attempts were made to rent that unit to tenants having a qualifying income and while the unit was vacant no units of comparable or larger size in the <u>building</u> were rented to tenants not having a qualifying income. |
| When a tenant's income increased above 80% AMI, the rent was adjusted to the lesser of 30% of the adjusted gross income, or the rent for comparable, unassisted units, or according to the LURA or other restrictive document. The next available unit of comparable or larger size in the property was leased to a High HOME qualifying tenant. |
| You must maintain the original number of Very Low HOME and 60% set-aside units established for your community in your regulatory documents. A unit that exceeds the 50% or 60% income limits, is considered low-income until it is substituted with a comparable unit. Be aware of the regulations for "Floating" HOME units versus "Fixed" HOME units. |
| 5 Each Low Income unit in the property was rent restricted according to the Land Use Restriction Agreement (LURA) |
| All rents for HOME assisted units were approved by DCA before institution and no rents exceed the maximum allowable amount. |
| There were no non-optional fees charged to tenants in addition to rent (i.e., parking, non-refundable security deposit fees or bond deposit) |
| As of 12/31/2014, each unit and each building in the property was suitable for occupancy, taking into account local health, safety, and building codes and UPCS, and no units are unsuitable for occupancy because of fire, flood, or mold. |
| 9 All units vacated during the past year were made suitable for occupancy within 30 days of last move out. |
| No Violation(s) or Notice(s) of local health, safety or building codes have been issued by the State or local government in 2014. If YES, attach all corrected or uncorrected violation report(s) or notice(s) issued in 2014 by a government unit to this Owners Annual Certification and describe the violation(s) and correction status on the AOC Explanations Page. |
| Questions #11 & 12 Apply if the buildings in the property were built or under construction prior to 1978 11 The HUD approved Lead Based Paint form is in use for all units, and maintained in the file, and each unit in the property complies with regulations implementing Title X of the 1992 Housing and Community Development Act (24 CFR Part 35) |
| The owner has incorporated on-going lead-based paint maintenance activities into regular building operations, such as annual visual inspections, and at unit turnover; repair of all unstable paint; and repair of encapsulated or enclosed areas that are changed. |

2014 HOME/NSP ANNUAL OWNER CERTIFICATION (AOC)

| 13 | This property is set up in MITAS (state database), and the tenant data is current as of 12/31/2014 | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|
| 14 | The tenant lease for HOME units is not for less than one (1) year, unless by mutual agreement between the tenant and the owner, 24 CFR 92.253(a) | | | | | | | |
| 15 | The tenant lease for HOME units does not contain any of the prohibited lease terms set forth in 24 CFR 92.253(b) | | | | | | | |
| 16 | When terminating or refusing to renew the tenant lease, the owner has served written notice to the tenant detailing the specific grounds for the lease termination at least 30-days before the termination, 24 CFR 92.253(c) | | | | | | | |
| 17 | The owner has adopted written tenant selection policies and criteria in accordance with 24 CFR 92.253(d) | | | | | | | |
| 18 | All amenities were open and available to the tenants in 2014. Office hours and hours of operation for amenities must be posted. | | | | | | | |
| 19 | Supportive Services are provided according to the restricted document(s) (LURA/LURC) for the community | | | | | | | |
| nana acces | Georgia Department of Community Affairs supports the Rental Housing Locator, Georgia Housing Search. Owners and agers of affordable communities financed with DCA programs should register their communities on the site. The service can be seed at no cost online 24 hours a day, www.georgiahousingsearch.org or through a toll-free, bilingual call center at 1-877-428-, available M-F , 9:00 am - 8:00 pm EST. The owner agrees to register the community on the Georgia Housing Search site and regularly update unit availability. | | | | | | | |
| | FAIR HOUSING QUESTIONS | | | | | | | |
| 21 | All the staff at the property has completed Fair Housing Training in the past 2 years | | | | | | | |
| 22 | The owner has and is complying with all federal, state and local laws relating to fair housing and equal opportunity including, but not limited to the following: | | | | | | | |
| | The Federal Fair Housing Act and the Georgia Fair Housing Act Section 504 of the Rehabilitation Act of 1973 Section 3 of the Housing and Urban Development Act of 1968 Age Discrimination Act of 1975 Americans With Disabilities Act of 1990 (ADA) Title VI Civil Rights Act – 1964 | | | | | | | |
| 23 | There has been NO Finding of discrimination under the Fair Housing Act, 42 U.S.C. 3601-3619 for this property. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR180.680 an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C. 3616a(a)(1), or an adverse judgment from a federal court. If YES, attach the documentation to this Owners Annual Certification and include a description of the finding on the Explanations page. | | | | | | | |
| 24 | An updated copy of the Affirmative Fair Housing Marketing Plan (AFHMP) for the property has been submitted to DCA. The owner is required to have a plan to market to tenant populations who are least likely to apply as well as persons with disabilities and maintain documentation of all outreach efforts annually. The AFHMP must be updated at least once every 5 years, or if there is a change in your marketing efforts. | | | | | | | |
| 25 | Advertising of vacant units includes the Equal Housing Opportunity logo, slogan, or both. (e.g., newspapers, brochure on-site sign, radio, etc.) | | | | | | | |
| 26 | Applications are solicited from persons in the market who are least likely to apply without the benefit of special outreach efforts. | | | | | | | |
| 27 | The local housing market has been analyzed (required annually) to identify those persons who are least likely to apply, and specific marketing techniques have been implemented to reach the identified tenant population(s), including partnering with community organizations or utilizing other resources. | | | | | | | |
| 28 | A file documenting all marketing efforts is being maintained throughout the affordability period. | | | | | | | |
| 29 | An applicant waitlist is being maintained on-site of all HOME assisted tenants | | | | | | | |

WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

2014 ANNUAL OWNER'S CERTIFICATION ASSET MANAGEMENT SUPPLEMENT

From January 1, 2014 to December 31, 2014

This form is mandatory for all properties with Tax Credit, Exchange 1602, TCAP, Bond, or Federal Loans or Funding (e.g., HOME, NSP). To ensure accuracy, it is recommended that this form is completed by an Agent of the Owner with access to the property's financial records.

| Plea | se provide the following information as of December 31, 2014: Property was in lease up 12/31/14 |
|------|--|
| 1 | Physical occupany rate (%) |
| | List the % of the total units currently occupied and not pre-leased as of $12/31/14$ The % number format is multiplied by 100. List your % with a decimal, $(95\% = .95)$ |
| 2 | Amount in operating reserves |
| | This is the amount in reserves for unexpected, but necessary expenses or loss of income. |
| 3 | Amount in replacement reserves |
| | The amount of funds set aside for building components and property equipment |
| 4 | Net operating income / Net operating loss |
| | This is the property's operating income after operating expenses are deducted, but before the deduction of interest payments and taxes. |
| 5 | Debt coverage ratio |
| | This is amount owed in proportion to the money that is available for use. This amount is calculated by dividing the new operating income by the total debt service. |
| 6 | Total accounts payable |
| | This is the amount owed to vendors for products and services purchased on credit. |
| 7 | Total accounts receivable |
| | This is the amount owed to the property. |
| 8 | As of 12/31/14, the property taxes are up to date |
| 9 | As of 12/31/14, the property insurance is up to date |
| 10 | As of 12/31/14, the property is in good standing with other funding sources |